

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of:

Shen *et al.*

Appl. No. 09/845,153

Filed: May 1, 2001

For: **Methods and Compositions for
Lipidization of Hydrophilic
Molecules**

Confirmation No. 4085

Art Unit: (To be assigned)

Examiner: (To be assigned)

Atty. Docket: 1696.0020008/RWE/BEC

Request for Refund

Commissioner for Patents
Washington, D.C. 20231

Sir:

It is requested that \$130.00 be credited to our Deposit Account

No. 19-0036. It is asserted that credit for the following is due:

1. \$130.00 for petition fee.

Credit is due for the following reasons: application is entitled to a filing date.

Respectfully submitted,

STERNE, KESSLER, GOLDSTEIN & FOX P.L.L.C.

Bruce E. Chalker
Attorney for Applicants
Registration No. 47,480

Date: March 29, 2002

1100 New York Avenue, N.W.
Suite 600
Washington, D.C. 20005-3934
(202) 371-2600

RECEIVED

JUL 23 2003

OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 8/15/03 2 Serial/Patent # 09/845,153

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input checked="" type="checkbox"/>	Petition	6	3/29/02	\$ 130.00
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 130.00	
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9 1 9 -- 0 0 3 6	
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <i>Notice sent in error</i>			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Paul Shanash</u>		TITLE: <u>Attorney</u>		
SIGNATURE: <u>Paul Shanash</u>		PHONE: <u>305-0011</u>		
OFFICE: <u>Off of Petitions</u>				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****				
APPROVED: <u>Alma Kell</u>		DATE: <u>8/8/03</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B